

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/24/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152515		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/04/2012	
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE FORT WAYNE JEFFERSON				STREET ADDRESS, CITY, STATE, ZIP CODE 7838 W JEFFERSON BLVD STE B FORT WAYNE, IN 46804			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
V 000	<p>INITIAL COMMENTS</p> <p>This was an End Stage Renal Disease federal complaint # IN 00105700. The complaint was closed by the complainant on May 2, 2012, therefore this complaint was not investigated.</p> <p>Facility: # 005160</p> <p>Surveyor: Bridget Boston, RN, PHNS</p> <p>On April 16, 2012, at 10:15 AM, a telephone interview was held with the complainant who indicated a meeting was scheduled on April 18, 2012, with the Dialysis corporate and local management and the area network representative. The complainant indicated preference was to attend the scheduled meeting and if a satisfactory resolution was not reached, the complainant would contact the Indiana State Department of Health.</p> <p>On May 2, 2012, at 10:34 AM, during a telephone interview with the complainant, the complainant indicated a satisfactory resolution was reached with the dialysis staff on April 18, 2012, and the complainant wished to close this complaint.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 15, 2012</p>			V 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.